Burns Paiute Tribe Application for Employment

Postion Applied for:	Date of Application:				
First Name	Last Na	Last Name Middle Initial			
Àddress:	City	State Zip Telephone No.		hone No.	
Drivers License Number and S	tate:				
Are you enrolled with a Federa	lly Recognize	ed Tribe?	Yes No		
					1-0
If you are currently employed,			employer for a re	eterence ch	eck?
Yes No Name	and Phone N	umber			
EDUCATIONAL AND FORMA	L TRAINING		te man k		
Do you have a high school dip	loma or a GE	D Certificate?	Yes No		
Please list colleges, nursing, m					
Name and location	Dates A	es Attended Degrees/0		cates	Graduated
WORK EXPEDIENCE	1				
	lover	Dates Employe	ed: Lic	h Title:	
WORK EXPERIENCE 1) Name and Address of Emp	loyer	Dates Employe	ed: Jo	b Title:	
	loyer				eaving:
	loyer	Dates Employe		b Title:	eaving:
Name and Address of Emp	loyer		Re		eaving:
Name and Address of Emp Name of Supervisor:	loyer				eaving:
Name and Address of Emp Name of Supervisor:	loyer		Re		eaving:
Name and Address of Emp Name of Supervisor:	loyer		Re		eaving:
Name and Address of Emp Name of Supervisor:	loyer		Re		eaving:
	loyer		Re		eaving:

	<u>.</u>			
Name and Address of Employer	Dates Employed:	Job Title		
	Salary:	Reason for Leaving		
Name of Supervisor:	Telepho	Telephone No.:		
Description of Work Duties:				
3) Name and Address of Employer	Dates Employed:	Job Title:		
	Salary:	Reason for Leaving:		
Name of Supervisor	Teleph	elephone No.:		
Name of Supervisor Description of Work Duties:				
REFERENCES				
Full Name and Address	Teleph	Telephone No.		
S	Date:			
Applicants Signature:	Date:			
If you have any additional informa	ition, please submit in resum	ne' form.		
Return Application to: Burns Paiut				
Burns, OR	Pasigo St 97720			
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